

Sample scenario: Permit for change in copy (text) only

APPROVED FOR ISSUANCE:

FOR DEPARTMENTAL USE ONLY:

BIDG. 4/7 FORM APPLICATION NUMBER

OSHA APPROVED

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF BUILDING INSPECTION  
APPLICATION FOR PERMIT TO ERECT SIGN**

**PERMIT CONTROL** ACTIVE COMPLAINTS  WAF  RID  CED/POD  BD  DCP  OTHER

STATION	H	D	C	B	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
SEC																				
ACCEPTED																				
APPROVED																				
DATE																				

CHECK APPLICABLE:  PARALLEL  SITE PENALTY  9X  2X  
 TITLE 24 - HC  TDF  EXPEDITOR  SFUSD  BLDG ENLARGEMENT (STAMP APPL)  
 HAZARDOUS MATERIAL

COMMENT: \*SIGN APPL

RESID. = CNT-PC  
 NON-RESID. = PAD-PC  
 NEW/MAJOR = PAD-MAJ  
 UMB = SSS

APPLICATION IS HEREBY MADE FOR PERMISSION TO ERECT, PAINT, ETC. IN ACCORDANCE WITH PLANS AND SPECIFICATIONS SUBMITTED HEREWITH AND FOR THE PURPOSE SET FORTH HEREIN:

4  ERECT SIGN (BUILDING INSPECTION AND PLANNING DEPARTMENT APPROVAL REQUIRED.)

7  PAINTED OR OTHER NON-STRUCTURAL SIGN (ONLY PLANNING DEPARTMENT APPROVAL REQUIRED.)

DATE FILED: **Date you submit permit** FILING FEE RECEIPT NO.: **Leave blank**

PERMIT NO.: **Leave blank** ISSUED: **Leave blank**

6. STREET ADDRESS OF JOB: **1234 Diamond Street** BLOCK / LOT: **1234 / 056**

DO NOT WRITE ABOVE THIS BUILDING

**DESCRIPTION OF EXISTING BUILDING**

(1) TYPE OF CONSTR. **VB** (2) NO. OF STORIES **2** (3) PRESENT USE **Retail / Health services** (4) BLDG HT. AT CENTER LINE OF FRONT OF BUILDING **FT.** (5) ESTIMATED COST OF JOB: **\$1.00**

**DESCRIPTION OF PROPOSED SIGN**

(7) TYPE OF SIGN (MORE THAN 1 BLOCK MAY BE CHECKED IF APPLICABLE.)  
 GROUND  ELECTRIC  NON-ELECTRIC  ROOF  WALL  PROJECTING  SINGLE FACED  DOUBLE FACED  PAINTED WALL  DOOR/WINDOW  
 BULLETIN BOARD  EXISTING AWNING/MARQUEE/CANOPY  PROFESSIONAL OCCUPATION

SIZE OF SIGN: Length **Width** FT. THICKNESS: **Depth** FT. WEIGHT: **Fill in** TOTAL SURFACE AREA: **Fill in** SQ. FT. TOTAL AREA OF ALL ADVERTISING SPACE: **Fill in** SQ. FT. STANDARDIZED APPROVAL NO.: **Leave blank**

ILLUMINATION:  DIRECT  INDIRECT  NON ILLUMINATED  FLASHING WILL STREET SPACE BE USED DURING CONSTRUCTION? YES  NO

PURPOSE:  NEW SIGN  REPLACEMENT  RECONSTRUCTION  RELOCATION  EXPANSION  CHANGE COPY  OTHER

(8) CONTRACTOR **Leave blank** ADDRESS PHONE CONT. LIC. EXP. DATE

(9) ARCHITECT OR ENGINEER (DESIGN  CONSTRUCTION ) **Leave blank** ADDRESS PHONE CALIF. CERTIFICATE NO.

(10) CONSTRUCTION LENDER (LENDER NAME AND BRANCH DESIGNATION IF ANY IF THERE IS NO KNOWN CONSTRUCTION LENDER, ENTER "UNKNOWN") **Leave blank** ADDRESS

(11) OWNER - LESSEE (CROSS OUT ONE) **San Francisco Boutique** ADDRESS **1234 Diamond Street, SF CA 94123** PHONE (FOR CONTACT BY DEPT.) **415-123-4567**

(12) PLOT PLAN AND ELEVATION: INDICATE ON SCALED DRAWINGS THE EXACT LOCATION OF THE SIGN HORIZONTALLY AND VERTICALLY ON THE BUILDING AND ON THE LOT. SHOW SIDEWALK WIDTH AND SIGN CONSTRUCTION. IF ERECTING SIGN, ILLUMINATION FOR SIGN, MARQUEE, ETC., SHOW METHOD OF ATTACHMENT AND THE CONSTRUCTION OF THE SIGN HEREON OR ON SEPARATE DRAWINGS IN DUPLICATE. PROVIDE HEIGHT OF SIGN ABOVE GROUND AND THE PROJECTION IN FEET FROM THE BUILDING. IF WALL SIGN, PROVIDE SIGN COPY.

(2) and (3): You can find this information at the SF Planning Department Property Information Map (PIM) website: <https://sfplanninggis.org/pim/>

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(7): Check all that apply. If you have questions, Permit Center staff can assist.

Illumination: Check the box that applies

(11) Cross out "Owner" if you are the business owner applying. Cross out "Lessee" if you are the property owner applying.

Check the appropriate box

Initial all declarations and sign

**IMPORTANT NOTICES**

Where top guy wire is required, anchor with 1/2" dia. through-bolt (minimum), to the structural frame of the building below the parapet wall. No portion of building or structure, or scaffolding used during construction, to be closer than 60" to any wire operating at more than 750 volts. See Sec. 385 Calif. Penal Code.

Encroachments authorized on public Property are revocable when ordered by Board of Supervisors (S.F. Building Code). Any stipulation required herein or by Code may be appealed.

APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE APPROVAL FOR THE ELECTRICAL WIRING, A SEPARATE PERMIT FOR THE WIRING MUST BE OBTAINED. THIS IS NOT A PERMIT TO ERECT A SIGN. NO WORK SHALL BE STARTED UNTIL A PERMIT TO ERECT A SIGN IS ISSUED.

**NOTICE TO APPLICANT**

**HOLD HARMLESS CLAUSE:** The permittee(s) by acceptance of the permit, agree(s) to indemnify and hold harmless the City and County of San Francisco from and against any and all claims, demands and actions for damages resulting from operations under this permit, regardless of negligence of the City and County of San Francisco, and to assume the defense of the City and County of San Francisco against all such claims, demands or actions.

In conformity with the provisions of Section 3800 of the Labor Code of the State of California, the applicant shall have coverage under (i), or (ii) designated below or shall indicate item (iii), or (iv), or (v), whichever is applicable. If however item (v) is checked item (iv) must be checked as well. Mark the appropriate method of compliance below:

I hereby affirm under penalty of perjury one of the following declarations:

I. I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

II. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier \_\_\_\_\_  
 Policy Number \_\_\_\_\_

III. The cost of the work to be done is \$100 or less.

IV. I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California. I further acknowledge that I understand that in the event that I should become subject to the workers' compensation provisions of the Labor Code of California and fail to comply therewith with the provisions of Section 3800 of the Labor Code, that the permit herein applied for shall be deemed revoked.

V. I certify as the owner (or the agent for the owner) that in the performance of the work for which this permit is issued, I will employ a contractor who complies with the workers' compensation laws of California and who, prior to the commencement of any work, will file a completed copy of this form with the Central Permit Bureau.

Signature of Applicant or Agent \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I HEREBY CERTIFY AND AGREE THAT IF A PERMIT IS ISSUED FOR THE CONSTRUCTION DESCRIBED IN THIS APPLICATION, ALL THE PROVISIONS OF THE PERMIT AND ALL LAWS AND ORDINANCES THERETO WILL BE COMPLIED WITH.

## CONDITIONS AND STIPULATIONS

REFER TO:	APPROVED: Zone CPC Setback  <div style="text-align: right; border-top: 1px solid black; padding-top: 5px;">DEPARTMENT OF CITY PLANNING</div>	DATE: _____ REASON: _____  NOTIFIED MR. _____ DATE: _____ REASON: _____
<input type="checkbox"/>	APPROVED:  <div style="text-align: right; border-top: 1px solid black; padding-top: 5px;">CITY ENGINEER, DEPT. OF BLDG. INSPECTION</div>	NOTIFIED MR. _____ DATE: _____ REASON: _____
<input type="checkbox"/>	APPROVED:  <div style="text-align: right; border-top: 1px solid black; padding-top: 5px;">BUREAU OF ENGINEERING</div>	NOTIFIED MR. _____ DATE: _____ REASON: _____
<input type="checkbox"/>	APPROVED:  <div style="text-align: right; border-top: 1px solid black; padding-top: 5px;">REDEVELOPMENT AGENCY</div>	NOTIFIED MR. _____ DATE: _____ REASON: _____
<input type="checkbox"/>	APPROVED:  <div style="text-align: right; border-top: 1px solid black; padding-top: 5px;"> </div>	NOTIFIED MR. _____ DATE: _____ REASON: _____
<input type="checkbox"/>	APPROVED:  <div style="text-align: right; border-top: 1px solid black; padding-top: 5px;"> </div>	NOTIFIED MR. _____ DATE: _____ REASON: _____
CONTACT DISTRICT INSPECTOR NAMED ON FACE OF APPLICATION AT START OF WORK (TELEPHONE NO. 861-5820). THIS APPLICATION IS APPROVED WITHOUT FIELD INSPECTION AND DOES NOT CONSTITUTE AN APPROVAL OF THE BUILDING. WORK AUTHORIZED MUST BE DONE IN STRICT ACCORDANCE WITH ALL APPLICABLE CODE.		NOTIFIED MR. _____ DATE: _____ REASON: _____
I AGREE TO COMPLY WITH ALL CONDITIONS OR STIPULATIONS OF THE VARIOUS BUREAUS OR DEPARTMENTS NOTED ON THIS APPLICATION, AND ATTACHED STATEMENTS OF CONDITIONS OR STIPULATIONS, WHICH ARE HEREBY MADE A PART OF THIS APPLICATION. NUMBER OF ATTACHMENTS <input type="checkbox"/>		NOTIFIED MR. _____ DATE: _____ REASON: _____
<div style="border: 2px solid red; padding: 10px; display: inline-block;">                     SIGNATURE OF OWNER, LESSEE OR AUTHORIZED AGENT FOR OWNER OR LESSEE                 </div>		NOTIFIED MR. _____ DATE: _____ REASON: _____

**HOLD SECTION — NOTE DATES AND NAMES OF ALL PERSONS NOTIFIED DURING PROCESSING**

Sign here